

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>12159 510</b>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						61						
2		/					62						
3		/					63						
4		/					64						
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37							97						
38							98						
39							99						
40							100						
41													
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43													
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45													
46													
47													
48													
49													
50													
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	31						TOTAL DEP.						
TOTAL CLAIMS	34						TOTAL CLAIMS						